

Testimony of Planned Parenthood of Southern New England
Susan L Yolen, Vice President, Public Policy & Advocacy
Appropriations Committee Hearing on the State Department of Public Health Budget

February 18, 2016

Thank you, Senator Bye and Representative Walker, for this opportunity to comment on the Governor's proposed budget for the State Department of Public Health. I'm Susan Yolen, Vice President for Policy and Advocacy at Planned Parenthood of Southern New England.

Planned Parenthood of Southern New England (PPSNE) is the largest provider of family planning and reproductive health care in Connecticut. We operate 17 health centers, and receive approximately \$1 million annually from the State Department of Public Health to support access to family planning services to thousands of patients each year, most between the ages of 18 and 30. For many of our young patients, PPSNE is the first and often the only health provider they see. The funds we receive from DPH enable us to offer basic reproductive health services to uninsured, low income women (and men) at a fraction of the cost of a private physician's office.

Family planning is a key component of DPH's new *Preconception Care Initiative* to reduce infant mortality and morbidity. This project will attempt to make sure that women are making healthy decisions by getting preventive reproductive health care *prior to pregnancy*, to insure the healthiest possible birth outcomes. State funds enable PPSNE to offer a range of FDA-approved contraceptive methods to such patients, including the most up to date long-acting reversible methods (LARCs) such as IUDs and hormonal implants. The use of safe, effective birth control methods has made an enormous positive impact on teen and unintended pregnancies in Connecticut and nationwide. When they leave PPSNE, 78% of our female family planning patients are using a highly effective method of contraception and 15% are using a LARC.

In a recent research project, Yale School of Public Health students used respected national models to estimate that Connecticut saves nearly \$9 million for its investment of \$1 million in family planning... \$9 for every dollar spent. Most of that savings comes from averting the costs of pregnancy to our state Medicaid program: a Medicaid birth in Connecticut costs an estimated \$10,500 according to the Guttmacher Institute. Nearly half of all births (45%) in the US are paid for by Medicaid.

PPSNE opposes the proposed 5.75% cut to discretionary programs delivered by state contractors. However, we worry even more about the wisdom of requiring state agencies to determine line item budget cuts and spending. The block grant scheme proposed in the Governor's budget removes line item control from committee members accountable to the public, and gives this role to the agencies themselves, under the guise of redefining the core mission of state government.

As advocates and as health care providers, we have a limited ability to impact internal agency cuts that will be decided without public scrutiny. We have no way of knowing whether our

programs or those of other decades-long non-profit contractors offering vital services, will remain “core” to our state’s mission.

As a fiscally responsible nonprofit, PPSNE has just completed our budget process for fiscal year 2017. We have no way of projecting the outcome of this process, the possible loss of state funds, or how we would reallocate our services after such a blow.

We implore this committee to find another approach to the budget, rejecting across-the-board cuts and ending any consideration of block granting discretionary spending. Long term, our state must examine and adopt any one of a number of reasonable approaches to generating new revenue that will allow us to preserve or improve the standard of living for *all residents of Connecticut*, that most of us believe is not negotiable.

Thank you.